



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-171800 Dental Services	Issued: 1/6/84 Effective: 1/6/84	Reviewed: 2/28/20 Revised: 2/16/15
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

- A. NMSA 1978 Section 33-1-6, as amended.
- B. NMSA 1978 Section 9-3-5, as amended.
- B. Policy *CD-000100*

REFERENCE:

- A. ACA Expected Practices, 5-6A-4348, 5-6A-4360, 5-6A-4375, 5-6B-4381, 5-6C-4397, 5-3C-4427 *Performance Based Expected Practices for Adult Correctional Institutions, 5th Edition.*
- B. ACA Standards 2-CO-4E-01, *Standards for Administration of Correctional Agencies, 2nd Edition.*
- C. NCCHC: P-01, P-06, *National Commission of Correctional Health Care, 2003.*

PURPOSE:

To establish a guide to provide for timely access to dental care. The New Mexico Corrections Department (NMCD) requires that appropriate and uninterrupted care be provided to inmates ongoing dental conditions. Security, program, transportation, and health staff cooperate and coordinate their activities to provide scheduled and emergency health treatment. **[2-CO-4E-01]**

References to healthcare professional (i.e., health services, psychiatry services, and dental services) refer to the medical contractor or their sub-contractors unless otherwise stated.

APPLICABILITY:

This operating procedure applies to all inmates at any facility operated by or for the NMCD, including those with contracted health services and any privately operated prisons contracted with the NMCD.

FORMS:

- A **Dental Examination Record** form (*CD-171801.1*)
- B. **Dental Progress Notes** form (*CD-171801.2*)

ATTACHMENTS:

None

DEFINITIONS:

- A. Dental Director: Dentist responsible for the clinical supervision of statewide dental services. The dental director shall be employed by the medical contractor and be a dentist licensed in the State of New Mexico.
- B. Dentist (DDS): A licensed dentist responsible for the provision of the clinical dental services at any facility.
- C. Dental Assistant: A trained individual responsible for providing assistance to the dentist in the operation of the dental clinic.
- D. Porter: An inmate assigned to maintain the cleanliness of the floors, sinks, and waste receptacles of the dental clinic, offices, and lab area.

POLICY:

Routine and emergency dental care shall be provided to inmates under the direction and supervision of a licensed dentist. There shall be a defined scope of available dental services, and emergency dental care, which includes, at a minimum, the following: **[5-6A-4360]** **[5-6A-4348]**

- A dental screening upon admission by qualified health care professional or health-trained personnel.
 - A full dental examination by a dentist within thirty (30) days.
 - Preventative care by dentally trained personnel within three months of admission. Diagnostic X-rays are to be taken, if necessary.
 - Oral hygiene, oral disease education, and self-care instruction provided by a qualified health care provider within 30 days.
 - A defined charting system that identifies the oral health condition and specifies the priorities for treatment by category; and
 - Consultation and referral to dental specialists, including oral surgery, when necessary.
- A. The primary mission of dental services shall be the prevention, control, and correction of oral conditions that are detrimental to the health of the inmate or impose a hardship in the rehabilitation of the inmate. Services shall be rendered within the limits governed by the facilities and resources of dental services and adhere to the community standards of care.
 - B. Dental adaptive devices (removable prosthetics, dentures) are provided when medically necessary, as determined by the responsible health care practitioner. **[5-6A-4375]**
 - C. Dental decisions are the sole province of the responsible dentist and are not countermanded by non-dentists. **[5-6B-4381]**
 - D. Equipment, supplies, and materials for dental services are provided and maintained as determined by the health authority. **[5-3C-4427]**

- E. Inmates who need dental care beyond the resources available in the facility, as determined by the responsible dental practitioner are transferred to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually. **[5-6A-4348]**



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AUTHORITY:

Policy *CD-171800*

PROCEDURES: [2-CO-4E-01]

A. General Guidelines:

1. Inmates referred for dental services through medical sick call will be seen by appointment.
2. For each inmate appointment, the dental record shall be obtained and the necessary information recorded in the inmate's record.
3. When the dental clinic is closed, inmates with emergency dental complaints will be referred to the Medical Services for evaluation. Non-emergency's dental complaints will be referred via the medical sick call process.
4. All dental emergencies will be handled by the on-call provider in the same manner as medical emergencies.
5. The medical contractor will contract with local hospitals and specialty providers to provide care to inmates in need of dental services not provided at the facilities.
6. The medical vendor will ensure access for routine and emergency dental services are provided to all inmates. All dental services will be performed by New Mexico licensed dentists or qualified health care professionals.
7. Dental cleaning is a dental procedure, which is within the scope of practice of licensed dentists, and dental hygienists. Inmates will receive appropriate dental hygiene at all facilities, whether or not dentist or dental hygienists are routinely scheduled at the facility.

B. Dental Services:

1. Reception and Diagnostic Center (RDC) (5-6A-4360):
 - a. All inmates receive a Panorex or a full mouth series (MS) of X-rays within thirty (30) days of arrival at NMCD.

- b. A dental screening upon admission by qualified healthcare professional or health-trained personnel.
- c. A full dental examination by a dentist within thirty (30) days.
- d. Oral hygiene, oral disease education, and self-care instruction are provided by a qualified healthcare provider within thirty (30) days.
- e. The oral health condition is assessed. Dental treatment by category is prioritized and documented.
- f. For those inmates not receiving a Panorex or FMS at the RDC, the receiving facility will be responsible for taking a Panorex or a full mouth series (MS) of X-rays on next dental business day.
- g. Oral hygiene instructions, a full dental examination, and dental health education will be provided within thirty (30) days of admission unless completed within the last six (6) months, supported by documentation. **[5-6A-4360]**
- h. All dental radiographs (X-rays) will be reviewed by a dentist.

2. Specialist referrals [5-6A-4360][5-6A-4348]):

- a. If the inmate requires treatment beyond the facility capability, such as oral surgeon, a referral for consultant and/or treatment should be generated and the inmate scheduled for off- site appointment.

3. Emergency dental care:

- a. Inmates in need of emergency dental care should notify health services staff through security staff.
- b. Requests for emergency dental care will be assessed and emergency treatments initiated by health care personnel properly trained, with an emergency referral made to the dentist.
- c. The nurse or the dental assistant should contact the dentist on-site or, if indicated, placed on the urgent notification list for directions or orders.

4. Routine Care:

- a. Inmates requesting non-emergency dental treatment may request a dental appointment by submitting a **Sick Call Request** form, to the health services staff.
- b. Follow-up care: For inmates who have been treated and require continuing care, the following procedure is recommended:

- 1) For those undergoing continuation of treatment such as root canal therapy, prosthetics or serial extraction, the dentist should re-appoint the inmate.
 - 2) For those requiring routine dental work, such as fillings, the inmate will be required to submit **Sick Call Request** form for each visit.
- c. Complete routine dental examination will be conducted every twenty-four (24) months, unless otherwise indicated:
- Bitewing X-ray (every two (2) years or as deemed necessary);
 - Other intra-oral X-ray deemed necessary;
 - Head and neck cancer screening;
 - Periodontal exam;
 - Hard and soft tissue exam;
 - Consultation with the inmate regarding the screening exam finding; and,
 - Panorex X-ray (every five (5) years or as deemed necessary).
 - Oral treatment will include, but not be limited to:
 - X-rays;
 - Fillings;
 - Treatment of infections;
 - Extractions of infected and non-restorable teeth;
 - Pre-operative emergency treatments;
 - Post-operative treatments;
 - Periodontal services and devices;
 - Prosthetic devices including dentures and repairs of partials;
 - Root canal therapy;
 - Restoration of defective and/or missing teeth;
 - Oral hygiene instructions, dental health education, and appropriate follow-up procedures; and, **[45-6A-4360]**
 - Treatment of dental pain and gross debridement of symptomatic areas.
5. If the inmate requires treatment beyond the facility capability, such as oral surgeon, a **Referral for Consultant** form for treatment should be generated and the inmate scheduled for off-site appointment (**45-6A-4360**).
 6. All procedures and oral care treatment will be documented on a **Dental Progress Notes** form (*CD-171801.2*), approved by the NMCD Health Services Bureau forms committee, and will become part of the inmate's medical record.
 7. **Special Needs:**
 - a. Inmates with a broken jaw a dislocated jaw, or whose jaw is held in a steady position for a significant amount of time by either a wiring of the jaw or by a taping

around the outside of the head, shall be confined to the Long Term Care Unit (LTCU) until the jaw has healed or as otherwise medically indicated by the responsible dentist or otherwise directed by the NMCD Director of Adult Prisons.

- b. Inmates undergoing radiation or who have undergone radiation to head and neck, who require dental extractions, shall be confined to the LTCU until appropriate treatment is completed or as otherwise medically indicated by the responsible dentist or physician.

8. **Refusing Dental Care:**

If the inmate refuses the treatment recommended by the examining dentist or the dentist providing the treatment, a written notation of refusal of treatment will be made on the **Dental Progress Notes** form (*CD-171801.2*), which will become part of the permanent record. If the patient refuses to sign a refusal form, the form shall be completed by two witnesses to the refusal and "refusal to sign" noted. [5-6C-4397]

9. **Inmate Responsibility:**

Replacement of a lost, destroyed, mutilated, or damaged prosthesis that had been provided by the medical contractor/NMCD will be solely the responsibility of the inmate. The construction of a new appliance due to neglect will be at the inmate's expense.

C. Clinic Space, Equipment, Supplies, and Inventory:

1. Equipment, supplies, and material for dental services are provided and maintained by the vendor as determined by the health authority. [5-6C-4427]

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Dental Examination Record

<p>PERIODONTAL EXAM</p> <table style="margin-left: auto; margin-right: auto; text-align: center;"> <tr> <td style="padding: 5px;">UR</td> <td style="padding: 5px;">ANT</td> <td style="padding: 5px;">UL</td> </tr> <tr> <td style="border: 1px solid black; width: 50px; height: 30px;"></td> <td style="border: 1px solid black; width: 50px; height: 30px;"></td> <td style="border: 1px solid black; width: 50px; height: 30px;"></td> </tr> <tr> <td style="padding: 5px;">LR</td> <td style="padding: 5px;">ANT</td> <td style="padding: 5px;">LL</td> </tr> </table> Radiographic Bone Loss _____ Mobility _____ Periodontal Diagnosis _____	UR	ANT	UL				LR	ANT	LL	<p>Date:</p> <hr/> <p>Classification:</p> <hr/> <p>SOFT TISSUE</p> <p>Head, Neck, Soft Tissue</p> <p>Oral Cancer Exam</p> <hr/> <p>HARD TISSUE</p> <p>Bone and Joint Exam</p> <hr/> <p>PROSTHETICS:</p> <p>Denture Possession _____</p> <p>Upper _____ Lower _____</p> <p>Dentures made while in NMCD <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Made _____ / _____</p> <hr/> <p>Problem List Reviewed <input type="checkbox"/></p> <p>MAR Reviewed <input type="checkbox"/></p> <hr/> <p>Drug Allergies:</p> <hr/> <p>Antibiotic Prophylaxis Needed <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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TREATMENT PLAN:

- Operative Treatment ☐
- Oral Surgery ☐
- Periodical Treatment ☐
- Prosthetic Treatment ☐

Dentist Signature and Date

Printed Name	NMCD#	DOB	Facility
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[illegible]

Patient Name	NMCD#	DOB	Allergies
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